

STATE OF COLORADO
Department of Local Affairs
Community Development Block Grants Program
APPLICATION
For Public Facilities & Community Development Projects

(For Use by State)

A. GENERAL AND SUMMARY INFORMATION

1. Name/Title of Proposed Project: _____

2. Applicant: _____

(In the case of a multi-jurisdictional application, list the name of the "lead" municipality or county).

In the case of a multi-jurisdictional application, names of other directly participating municipalities and counties:

If applying on behalf of another entity, name of that entity: _____

3. Chief Elected Official (In the case of a multi-jurisdictional application, chief elected official of the "lead" municipality or county):

Name: _____ Title: _____

Mailing Address: _____ Phone: _____

FAX Number: _____ E-Mail Address: _____

4. Designated Contact Person for the Application:

Name: _____ Title: _____

Mailing Address: _____ Phone: _____

FAX Number: _____ E-Mail Address: _____

5. Amount of CDBG Funds Requested: _____

6. Brief Description of Proposed Project (100 words or less):

Attach a map showing the location of the project.

7. If more than one application, Local Priority*:

*Relative to other applications (e.g. 1 of 2, 2 of 4, etc.)

B. BUDGET & INFORMATION

1. Project Budget & Funding Sources

		Project Funding			
	Total Cost	State CDBG	Other Funds Requested or Committed		
			Amount	Source	Status*
ADMINISTRATION					
PROJECT ACTIVITIES (list)					
*(e.g., committed, in application stage, etc.)					
TOTAL					

2. Financial Information

(Provide for all municipalities and counties directly participating in the application and for any entity on whose behalf the application is being submitted: Attach additional sheets if necessary.)

	(Entity Name)	(Entity Name)	(Entity Name)
a. Assessed Valuation (Year_____)	_____	_____	_____
b. Mill Levy	_____	_____	_____
c. Overlapping Mill Levy*	_____	_____	_____
d. Sales Tax Rate (%) / Annual Revenue	_____/_____	_____/_____	_____/_____
e. Long-Term Debt, by Type/Amount	_____/_____	_____/_____	_____/_____
f. Annual Budget** (_____ Fund)			
Total (Year_____)	_____	_____	_____
Carry Forward (as of 1/1/_____)	_____	_____	_____

*Sum of mill levies of overlapping jurisdictions (e.g., sum of levies of municipality, school district, etc.).

**For fund most relevant to application (e.g., General Fund for housing applications, Sewer Fund for sewer applications, etc.).

g. Water***			
Tap Fee	_____	_____	_____
Avg. Monthly User Charges****	_____	_____	_____
Number of Taps Served by Applicant	_____	_____	_____
Fund Carry Forward (as of 1/1/___)	_____	_____	_____
h. Sewer***			
Tap Fee	_____	_____	_____
Avg. Monthly User Charge****	_____	_____	_____
Number of Taps Served by Applicant	_____	_____	_____
Fund Carry Forward (as of 1/1/___)	_____	_____	_____

***Not required if not relevant to application (e.g., not required for housing rehabilitation applications).
 ****Divide sum of monthly residential revenues by number of residential taps served.

C. PROJECT JUSTIFICATION - NATIONAL OBJECTIVES AND BENEFIT TO LOW/MODERATE INCOME PERSONS

1. Complete the following table relating to "national objectives and benefit to low/moderate income persons".

Descriptive Title of Proposed Project Activity	National Objectives Choose One for Each Activity			Persons That Activity Will Serve Directly		
	L/M Income Benefit	Slum Blight	Urgent Need	Total Number of Persons	Number of Low/Mod Income Persons	Percent Low/Mod Income Persons

*If a proposed project activity is being undertaken to address the "prevention or elimination of slums or blight," rigorous requirements described in Appendix E of the "Program Guidelines" must be met.
 **If a proposed project activity is being undertaken to address an "urgent need" rather than to benefit low and moderate income families or to prevent or eliminate slums or blight, the applicant must attach a certification stating that the proposed activity is designed to meet other community development needs that have arisen during the preceding 12-month period and have a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and that other financial resources are not available to meet such needs.

2. Describe how the estimates of low and moderate-income persons were arrived at? **Attach supporting documentation.** (Whenever possible, census data should be used in "area-wide benefit" projects to document benefits to low/moderate income persons. Income surveys should only be used in rare circumstances and only with prior approval from the Department. If you are considering conducting an income survey, please contact Becky Picaso at (303) 866-2156 for information on the HUD-required methodology.)

3. If the proposed project includes a local selection process of beneficiaries (e.g., housing rehabilitation), what local procedures will be used to ensure that: a) benefits projected to be provided to low- and moderate-income persons will actually be realized by such persons? b) beneficiaries will be selected through an open and equitable process? and c) greatest needs are addressed?

D. OTHER PROJECT INFORMATION

1. Why is the project needed? What are the specific goals of the project?

2. How were the cost estimates arrived at? Have preliminary architectural/engineering studies been completed? What additional design work must still be completed? **Use the "Physical Improvements Cost Estimate Worksheet" attached at the end of this section, for projects involving structures other than single-family housing.)**

Have you included Davis-Bacon wage rates in preparation of your cost estimates?
If no, why not?

Yes ____ No ____

3. Describe any in-kind contributions by type and value in support of this project.

Was the cash value of the in-kind contributions calculated into the Project Budget (B.1.)?

Yes ____ No ____

4. Why cannot the project be funded locally?

a. What other funding alternatives have been explored?

b. Did the applicant jurisdiction take the full property tax revenue increase in the current budget year?

Yes ____ No ____

5. In the space provided, describe local commitment to the project, including local fees or regulations altered to ensure project success, local taxing efforts to address continuing development and maintenance needs, and local citizen support.

6. If the project is funded, what on-going operational obligations will be incurred?

a. What is the applicant's plan for addressing these additional costs?

b. When do you expect the project to start? _____ When will it be completed?

7. **If the proposed project is a day care project, senior center or similar development project which requires operating revenues, attach a detailed budget showing operating revenues and expenses.**

8. Identify any capital improvements, service, facility, or other plan in which this project has been identified, as a community need.

a. Does the applicant have a capital improvements program? Yes ___ No ___

b. What is the total amount of program income currently on hand? \$ _____. What is the amount subject to CDBG requirements? \$ _____. For what purpose will it be used?

9. Will the proposed project involve the acquisition of any land or buildings? Yes ___ No ___

a. If the project involves the acquisition of a structure, what is its age and address?

b. Has the Fair Market Value of the property been established? Yes ___ No ___
(If yes, how has it been established?)

c. Has the seller/owner been notified of the Fair Market Value? Yes ___ No ___

d. If negotiations fail, do you intend to acquire by the use of eminent domain? Yes ___ No ___

10. Will the proposed project directly result in permanent, involuntary displacement? Yes ___ No ___
If yes:

a) Are the displacees considered Low Income families or individuals? Yes ___ No ___

b) What steps have been taken to minimize displacement?

c) What assistance/benefits will be provided to displacees?

11. Will the proposed project result in the demolition of or change the use of any existing Low Income housing units? Yes ____ No ____

If yes, what plans have been developed to replace the units and ensure that they stay at or below "Fair Market Rent" for 10 years?

12. Have you completed the inventory for the Colorado State Emergency Resource Mobilization Plan (CSERMP), located on the Division of Fire Safety website?

Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Law Enforcement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Medical	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Indicate below whether any of the proposed project activities:

- a. Will be undertaken in flood hazard areas? **List floodplain maps/studies reviewed in reaching this conclusion?** Yes ____ No ____
- b. Will be undertaken in geological hazard areas, or affect historical, archeological or cultural resources? Yes ____ No ____
- c. Involve housing or noise-sensitive facilities (e.g., senior center) located within 1,000 feet of a major highway, 3,000 feet of a railroad, 15 miles of a commercial airport or near some other major noise source? Yes ____ No ____
- d. Will be undertaken within one-mile of above-ground storage tanks, transmission pipelines or loading facilities for explosive or fire-prone substances? Yes ____ No ____
- e. Will be undertaken near commercial airports or military airfields? Yes ____ No ____

If yes to any of the above, what alternatives have been considered? How do you plan to mitigate the effect?

To the best of my knowledge and belief, statements and data in this application, including the required Applicant Statement of Assurances and Certifications and the attached tables and other documentation, are true and correct and its submission has been duly authorized by the governing body of the applicant/lead jurisdiction and other participating jurisdictions.

_____ Signature, Chief Elected Official	_____ Signature, Chief Elected Official*	_____ Signature, Chief Elected Official*
_____ Name (typed or printed)	_____ Name (typed or printed)	_____ Name (typed or printed)
_____ Title	_____ Title	_____ Title
_____ Date	_____ Date	_____ Date

* Additional signatures are required only in the case of "multi-jurisdictional" applications. If this is a multi-jurisdictional application, the Chief Elected Official of each municipality and county participating in the application must sign.

(Required for projects involving structures and facilities other than single-family housing units)

SOURCE OF ESTIMATE: _____

DATE OF ESTIMATE:

Act. No.	Description	No. of Units or Size	Unit Price	Total Cost

EXAMPLE

Account No.	Description	No. of Units or Size	Unit Price	Total Cost
I	Gravity Sewer Collection System Installed			
	1. 8" Sanitary Sewer Main	10,000 lf	\$9.50	\$95,500
	2. 4' Manholes	35	1,300	45,500
	3. Remove & Replace Asphalt	350 sq. yds.	15.00	2,150
			Construction Subtotal	142,650
	Engineering Design			15,000
	Engineering/Admin. Services			10,000
			Non Construction Subtotal	25,000
II	Downtown Street Improvements			
	1. Street Furniture	16	250 ea.	4,400
	2. Trash Receptacles	16	150 ea	2,400
	3. Flower/Shrub Planters	12	200 ea	2,400
	4. Sidewalk Replacement & Repair (1,760 linear feet)	108 cu/yds	60 cu yd	6,480
	5. Replacement Street Lighting	12	700 ea	8,400
			Construction Subtotal	24,080
	6. Architectural /Engineering Design			2,000
	7. Administrative Services			In-kind
			Non Construction Subtotal	2,000
			PROJECT TOTAL	\$193,730

* Includes all labor, materials, tools, supplies, equipment, transportation services, removal, overhead, profit, insurance, etc. necessary for the completion of the specified work.

**City will provide all administrative services and use city crews for all labor.

TECHNICAL ASSISTANCE

Applicants for CDBG for public facilities funds are encouraged to work with State staff in the preparation of their applications. These are some of the staff that may be able to assist, listed by primary area of expertise.

GENERAL PROGRAM INFORMATION

Teri Davis or Eric Bergman, Financial Assistance Services, Denver 866-2771, TDD # 866-5300

MAILING ADDRESS

Mail **THREE (3)** copies of the application to: Teri Davis, Division of Local Government, Department of Local Affairs, 1313 Sherman St., Rm 521, Denver 80203

PUBLIC FACILITIES/COMMUNITY DEVELOPMENT DOLA FIELD STAFF

Central - Clay Brown - Golden (303) 273-1787
Southeastern - Lee Merkel - Pueblo (719) 544-6577
North Central - Don Sandoval - Loveland (970) 679-4501
Northwestern - Tim Sarmo - Grand Junction (970) 248-7333
Southwestern - Ken Charles - Durango (970) 247-7311
Northeast - Kent Gumina, Sterling (970) 522-2672
Northern Mountains - Cathy Shipley, Frisco (970) 668-6160
South Central - Debra Downs, Monte Vista (719) 852-9429

CENSUS DATA ON LOW/MODERATE INCOME PERSONS IN MUNICIPALITIES AND COUNTIES

Teri Davis, & Field Services staff

CENSUS DATA ON LOW/MODERATE INCOME PERSONS IN CENSUS TRACTS, ENUMERATION DISTRICTS, BLOCK GROUPS, SPECIAL POPULATION GROUPS & OTHER DEMOGRAPHIC INFORMATION

Becky Picaso, Division of Local Government, Denver 866-2156
Local/regional Data Center affiliates (List available on request from Becky Picaso)

INCOME SURVEYS TO DETERMINE LOW/MODERATE INCOME PERSONS

Becky Picaso, Division of Local Government, Denver 866-2156

FLOODPLAIN AND FLOOD/DRAINAGE CONTROL (TECHNICAL/ENGINEERING REVIEWS)

Larry Lang, Colorado Water Conservation Board, Denver 866-3441

HISTORIC/CULTURAL RESOURCES

State Historic Preservation Office, Denver 866-3392

SEWAGE (TECHNICAL/ENGINEERING REVIEWS)

Donna Davis, Water Quality Control Division, Denver 692-3554

WATER TREATMENT (TECHNICAL/ENGINEERING REVIEWS)

Donna Davis, Water Quality Control Division, Denver 692-3554

ENVIRONMENTAL REVIEWS & LABOR STANDARDS (INCLUDING DAVIS-BACON)

Eric Bergman, Financial Assistance Services, Denver 866-4552

CIVIL RIGHTS & RELOCATION AND REAL PROPERTY ACQUISITION

Teri Davis, Financial Assistance Services, Denver 866-4462